

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE 10:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR SIGN  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
Date Stamp (Received)  
SEP 01 2020



Permit #:	20-0200
Date:	9-22-20
Amount Paid:	\$50 9-1-2020
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Property Owner(s) Name: St Peter Church	Mailing Address: c/o Our Lady of the Lake 106 N. 2nd Ave E. Ashland WI	City/State/Zip: Ashland WI 54806	Phone: 715 682 7620
Sign Owner(s) Name: Rev. Jerome D'Souza	Mailing Address: Same	City/State/Zip: same	Phone: same
Address of Property: 65515 Cty Hwy F	City/State/Zip: Ashland WI 54806		
Contractor: David Bichanich	Contractor Phone: 715 746-2043	Address: 65155 Dennis Rd Ashland WI 54806	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT LOCATION SE 1/4, NE 1/4	Legal Description: (Use Tax Statement)	Tax ID: (4 or 5 digits) 21860	Recorded Document: (i.e. Property Ownership) Volume 71 Page(s) 271
Gov't Lot	Lot(s)	CSM	Vol & Page
Section 26, Township 47 N, Range 6 W	Town of: Keystone	Lot Size	Acreage 3.5

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	✓	Project (What are you applying for)	Type	Length	Width	Height	Located in Town of Bayfield
\$ 1500	<input checked="" type="checkbox"/>	On-Premise	<input type="checkbox"/> New	<input checked="" type="checkbox"/> 1-Sided	5'	3'	<input type="checkbox"/> Yes TBA is required
	<input type="checkbox"/>	Off-Premise	<input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> 2-Sided			<input checked="" type="checkbox"/> No
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> On-Building			
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Multi-Tenant			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): K. Jerome D'Souza Date 9/1/2020  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Applicant(s): \_\_\_\_\_ Date \_\_\_\_\_  
(If you are applying for an Off-premise sign, the property owners must also sign this form)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

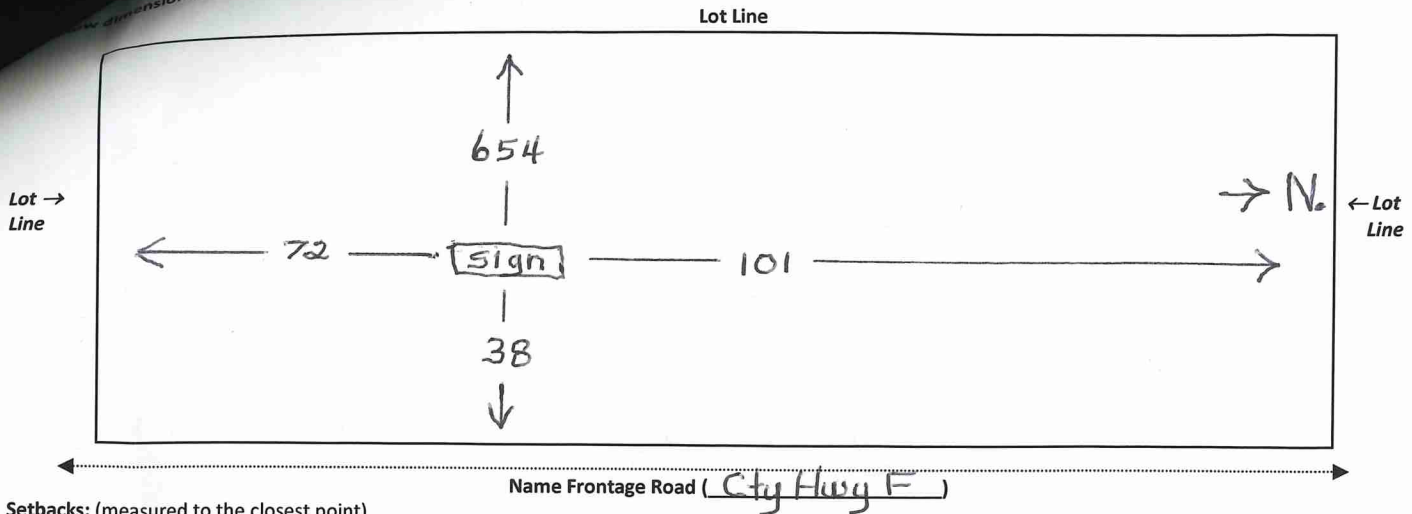
Address to send permit David Hnath 26515 US Hwy 2 Ashland WI 54806 **Attach**  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
The local Town, Village, City, State or Federal agencies may also require permits.

**IMPORTANT**  
Detailed Plot Plan is Necessary

road as a guideline, and indicate North (N) on plot plan  
dimensions in feet on the following:



Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	69 Feet	Setback from the North Lot Line	101 Feet
Setback from the Established Right-of-Way	38 Feet	Setback from the South Lot Line	72 Feet
		Setback from the West Lot Line	654 Feet
Setback from Lake, River, Stream or Pond	Feet	Setback from the East Lot Line	38 Feet
Setback from Other Sign(s)	Feet		

Sign Plan  
(Fill in Information Desired on Sign)

St. Peter  
Catholic Church  
Our  
Lady of Lourdes  
Shrine

Issuance Information (County Use Only)		Permit Number: 20-0260	Permit Date: 9-20-20
Permit Denied (Date):		Reason for Denial:	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Case #: 4/27/06 BOM Book missing	
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was Property Surveyed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: site staked and previous/old sign in same location. This is a replacement sign. sign is non-conforming to road setback but is located back further than road.		Zoning District (AG 1) Lakes Classification (—)	
Date of Inspection: 9-15-20	Inspected by: Todd Norwood	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No — (If No they need to be attached.) Sign must be placed in same location as existing sign.			
Signature of Inspector: Todd Norwood			Date of Approval: 9-21-20



City, Village, State or Federal  
Permits May Also Be Required

LAND USE - **X**  
SANITARY -  
SIGN - **X**  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **20-0260** Issued To: **Diocese of Superior Church & Cemetery / St Peter Church**

Par in  
Location: **SE**  $\frac{1}{4}$  of **NE**  $\frac{1}{4}$  Section **26** Township **47** N. Range **6** W. Town of **Keystone**

Gov't Lot	Lot	Block	Subdivision	CSM#

For: **Commercial Other: [ On - Premise Sign (5' x 3' x 5' high) = 15 sq. ft. ]**  
**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Sign must be located in same location as existing sign.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**September 22, 2020**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
Date Stamp (Received)  
SEP 08 2020

Permit #:	20-02623
Date:	9-22-20
Amount Paid:	\$75 9-9-20
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: WILLIAM K JOSS		Mailing Address: 21080 CTY G		City/State/Zip: ASHLAND WI		Telephone: 715-209-0680			
Address of Property: 21080 CTY G		City/State/Zip: ASHLAND (KEYSTONE) WI 54806		Cell Phone: 715 889 1122		Plumber Phone:			
Contractor: SELF		Contractor Phone: 715 889-1122		Plumber:		Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION	Legal Description: (Use Tax Statement)		Tax ID#		Recorded Document: (Showing Ownership)				
SW 1/4, NW 1/4			21726 and 21732		2019R		579896		
Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #	Subdivision:		
Section 21	Township 47	N, Range 06	W	Town of: Keystone		Lot Size	Acreage 40		

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 14000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well For HOUSE
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/> brave!	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> EXISTING FARM				<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 56	Width: 36	Height: 14

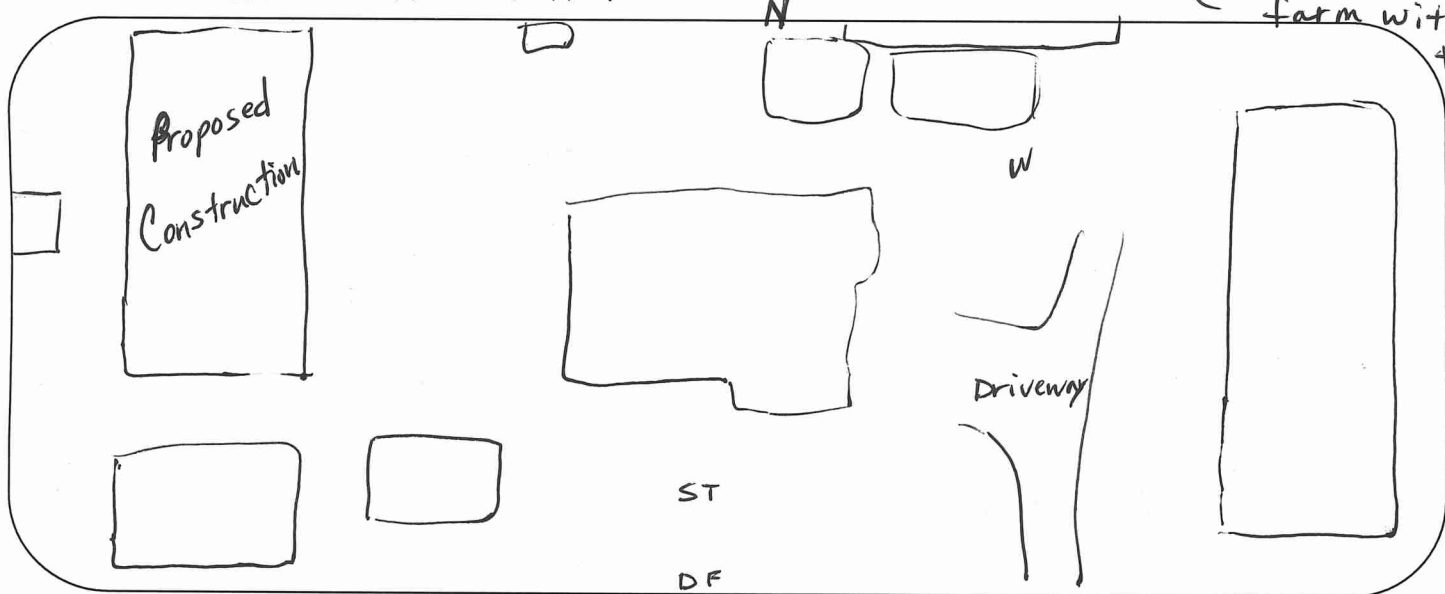
Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain)	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (explain) Ag Building To replace ONE THAT FELL DOWN	56 X 36	2016



Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**  
 (2) Show / Indicate: **North (N) on Plot Plan**  
 (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
 (4) Show: **All Existing Structures on your Property**  
 (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
 (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
 (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing) (Frontage Rd "G" About 330 ft. away)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	330	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way 245	300	Feet	Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	1095	Feet		
Setback from the South Lot Line 245	330	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	246	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	1149	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	81	Feet	Setback to Well	158
Setback to Drain Field	120	Feet		
Setback to Privy (Portable, Composting)		Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 20-0263		Permit Date: 9-22-20					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: owner on-site and explained project. Building for storage to replace structure that collapsed from snow.				Zoning District (Abl)			
				Lakes Classification ( )			
Date of Inspection: 9-15-20		Inspected by: Todd Norwood		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)							
Structure not for human habitation/sleeping purposes. No pressurized water or plumbing allowed in structure. must meet and maintain setbacks.							
Signature of Inspector: Todd Norwood						Date of Approval: 9-21-20	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				



Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **20-0263**

Issued To: **William & Kelly Voss**

Location: **SW** ¼ of **NW** ¼ Section **21** Township **47** N. Range **6** W. Town of **Keystone**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Accessory Structure: [ 1- Story; Ag Building (56' x 36') = 2,016 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): May not be used for human habitation. No water under pressure in structure. Must meet and maintain set-backs.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**September 22, 2020**

Date